

# **Dorn VA Medical Center**

## **Columbia, SC**



# **Nursing Student**

## **Orientation Booklet**

### **2005**



**Dear Nursing Student:**

**We're very pleased to welcome you to the William Jennings Bryan Dorn Veterans' Affairs Medical Center. Our mission is to improve the health of the veteran population by providing primary care, specialty care, extended care and related social support. We take pride in the quality of nursing care delivered to the veteran population and believe that our nursing staff has a significant contribution to make to all nursing students.**

**We feel that each nursing school has a unique approach to offer in the delivery of patient care. It is our hope that you will find an environment that will promote your professional growth and at the same time give you meaningful learning experiences.**

**The nursing student orientation program is designed to acquaint you with significant policies and procedures necessary to make a smooth transition into the VA system.**

**Sincerely,  
Education Service Line Staff**



# VA HEALTH CARE SYSTEM



## Mission

"To care for him who shall have borne the battle and for his widow and orphan" -- from President Lincoln's second Inaugural Address this continues to be the VA's theme today. The Veteran's Health Administration's new Mission Statement is: *Honor America's veterans by providing exceptional health care that improves their health and well-being.*

The U.S. has the most comprehensive system of assistance and care for the veterans of any nation in the world. Our dedicated veterans are eligible for these services because they served the government by offering their time, as well as their lives. They paid for the freedom we all enjoy. The services they receive are well deserved.

The government has provided services to veterans since colonial times. In 1930, President Herbert Hoover signed an executive order, which brought together under one agency the many programs created through the years. In 1939 this became the Veteran's Administration. The VA is 60+ years old.

Today the VA is one of the largest federal agencies in both budget and personnel. The Department of Veteran Affairs was established as a Cabinet Level position in 1989.

The Veterans Health Administration (VHA) has undergone profound changes over the past 10 years, which have proven both rewarding and challenging. VHA has positioned itself as a national leader in health care by using innovative medical practices and technologies; advances in research and education; and expanding the evidence base for health care and translating it into changes in delivery, particularly in meeting the needs of the new veteran and his or her family. This leadership role, however, comes with a responsibility to continue to find more innovative ways to provide safe, effective, and compassionate health care in a time of complex changes in health care and financial constraints.

## VHA CORE VALUES ARE:

- a. **Trust.** Trust means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, of those whom we serve, and the system of which we are a part. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in health care.
- b. **Respect.** Respect means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system of which we are a part. It means relating to each other and providing services in a manner that demonstrates an understanding of, sensitivity to and concern for each person's individuality and importance.
- c. **Excellence.** Excellence means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

**d. Compassion.** Compassion means demonstrating empathy and caring in all that we say and do in responding to our co-workers, our patients and their families, and all others with whom we interact.

**e. Commitment.** Commitment means meaningful engagement with coworkers, veterans, and families. It includes a promise to work hard to do all that we can in accordance with the highest principles and ethics governing the conduct of the health care professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.



## **Vision**

### **The Vision Statement is:**

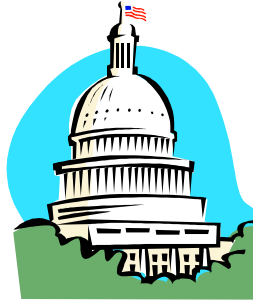
To be a patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies. To this end the VA has adopted these Values and Strategies:

### **The Domains of Value are:**

- a. Quality:** To put quality first.
- b. Access:** To provide easy access to care, expertise, and knowledge.
- c. Function:** To restore, preserve, and improve veterans' function.
- d. Satisfaction:** To exceed veteran, family, and employee expectations.
- e. Cost-effectiveness:** To optimize resource use to benefit veterans.
- f. Healthy Communities:** To optimize the health of the veteran and the VA community and to contribute to the health of the Nation.

### **The VHA Strategies are to:**

- a.** Continuously improve the quality and safety of health care for veterans, particularly in those health issues associated with military service.
- b.** Provide timely and appropriate access to health care by implementing best practices.
- c.** Continuously improve veteran and family satisfaction with VA care by promoting patient-centered care and excellent customer service.
- d.** Promote diversity, excellence, and satisfaction in the workforce and to foster a culture that encourages innovation.
- e.** Promote excellence in business practices through administrative, financial, and clinical efficiencies.
- f.** Focus research and development on clinical and system improvements designed to enhance the health and well being of veterans.
- g.** Promote excellence in the education of future health care professionals and to enhance VHA partnership with affiliates.
- h.** Promote health within VA, local communities, and the Nation consistent with VA's mission.



**There are three main departments enabling the VA to fulfill its mission:**

**1. Veterans Benefits Administration**

- a. GI Bill I- education, home loans**
- b. Compensation and pension program**

**(1) Compensation-payments for disabilities or death related to military service. Service Connected vs. Non-Service Connected**

**(2) Pension-paid on basis of financial need for totally disabled veterans or certain survivors for disabilities or death not related to military service**

**2. Veterans Cemetery Administration**

**3. Veterans Health Administration-established in 1946**

- a. Responsible for health care activities and related training of personnel**
- b. Largest health care system in nation**

**(1) 163 hospitals; 900 outpatient clinics**

**(2) 135 nursing homes; 43 domiciliary**

**(3) 206 readjustment-counseling centers and various other facilities**

**c. Treats 834,500 veteran inpatients each year with average daily census of 74,700 - about 32% are Vietnam era. About 9% of nation's hospitalized patients are in VA hospitals. The VA has over 7.2 million veterans enrolled for medical care.**

- d. Employment**

**(1) About 90% of VA employees are associated with medical care. The VA is the nation's largest employer of Registered Nurses.**



- (2) Title 38-for Doctors, Dentists, Nurses, Respiratory Therapists, PA's**
- Paid according to education and experience - not by position**
  - Transfer within agency**
  - VA retirement program given credit for prior federal/military service**

**-Benefits**

- 26-vacation days/year**
- 10 holidays**
- 13 sick days/year**
- Differential pay for evenings, nights, holidays, overtime, weekends**
- Insurance - life, health, accident**
- License in any state**
- Federal Employee Retirement System**
- Tuition Reimbursement**
- Tuition Support**
- Educational Debt Reduction Program**
- Uniform Allowance**

**e. Nurse Professional Standards Board - Nurses determine salary, promotions, and discipline**

**f. Nurse Locality Pay Bill - enacted April 1991. Salary determined after evaluation of comparable non-VA Hospitals in geographic area.**



# What about my student loans?

## ***Will the VA pay off my student loans?***

Under the Education Debt Reduction Program (EDRP), the VA will reimburse newly hired LPNs, RNs and NPs for outstanding educational loans for education leading to their position.

## ***How do I apply?***

As soon as you are hired at the VA, contact the VA Education Department and request an application for the Education Debt Reduction Program (EDRP).

## ***Is there a deadline?***

You must apply within six months of your date of hire. It is extremely important that you return your application as soon as possible to allow for processing.

## ***How does it work?***

One year after you have been accepted into the EDRP, the VA will reimburse you (tax-free) for the approved amount of principal and interest you have paid on your loan. You can be reimbursed for up to five years and up to \$40,000.





# What about going to school?



## ***Will the VA pay for me to go back to school?***

Under the Employee Incentive Scholarship Program (EISP) and the National Nursing Education Initiative (NNEI), VA Nurses can receive scholarships for completion of baccalaureate degrees in nursing or advanced degrees in nursing or related fields.

## ***What does the VA pay for?***

The VA will pay for tuition, books and related fees (i.e. lab fees) up to \$32,908 and 3 years of full-time coursework.

## ***What do I owe for this?***

You must agree to serve the VA as a full-time nurse for a period of 1 to 3 years, based on the number of hours and length of time of your education. This service period begins immediately after graduation from your program.

## ***How do I apply?***

VA nurses are eligible to apply for the EISP and the NNEI after one year of service. Contact the VA Education Department and ask to speak to the National Scholarship Coordinator to request an application.





## **WJB DORN VA Medical Center**

**Columbia, South Carolina**

### **MISSION**

*To develop an integrated healthcare delivery systems which improves the health of a Category A veteran population by providing primary care, specialty care, extended care and related social support services.*

### **Vision**

*Let us be Your Choice!*

**C** - Coordinated

**H** - Health Care

**O** - Organized around the patient

**I** - Integrated with the need of staff  
and community, provided in

**C** - Convenient locations and in an

**E** - Excellent and Cost-effective manner

### **Core Values**

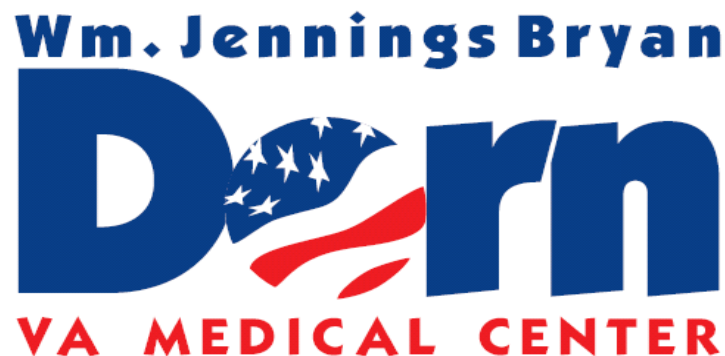
**Trust**

**Respect**

**Commitment**

**Compassion**

**Excellence**



## **NURSING SERVICE PHILOSOPHY**

***At WJB Dorn VAMC nursing exists to compassionately care for and serve our honorable veterans with dignity and clinical excellence. Our patients and their families are unique individuals with whom we partner to address their physical, mental and spiritual needs, necessary for optimal health or death with dignity.***

***Each staff member shares responsibility for working within a supportive and ethical environment that values integrity, visionary leadership, creation of new knowledge, collegial relationships and open communication. Each staff member has a right and responsibility to support empowerment of the patient and the health care team. We will provide measurable quality care to our veterans by using evidenced-based practice.***

## SCOPE OF SERVICE

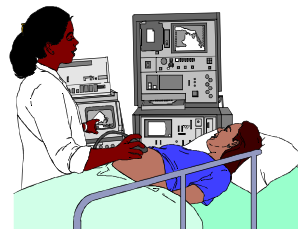
WJBD VA Medical Center provides acute medical, surgical, and psychiatric services, as well as extended care (intermediate and long term care). It also operates satellite outpatient clinics in Greenville, Rock Hill, Anderson, Florence, Sumter and Orangeburg. In addition, the facility has a sharing agreement with Moncrief Army Hospital, Shaw Air Force Base, other Department of Defense agencies and several community hospitals.

Nursing Service employs Nurse practitioners, registered nurses, licensed practical nurses, health technicians, nursing assistants, escort personnel, and ward clerks to provide the quality care required by our veteran patients. Our hospital sitter program hires patients in the compensated work therapy program to sit with patients at risk. They may assist with feeding, ambulation, and transportation of patients but are not to have access to patient records or assist in bathing or cleanup of patients. Sitters are patients too and should be afford the same respect and courtesy of any other patients.

Affiliation with area schools and universities provides undergraduate, graduate, and postgraduate clinical training to students who also provide care to our veteran patients. This hospital is affiliated with the University of South Carolina School of Medicine, and a psychiatric residency program provided through the William S. Hall Psychiatric Institute. Affiliations with schools of nursing include the following: University of South Carolina; Medical University of South Carolina, Midlands Technical College, York Technical College, Central Carolina Technical College, and South Carolina State University.

## PATIENT CARE UNIT

WJBD VA Medical Center has patient care units in three buildings:  
Building 100 - Main Hospital  
Building 106 - Psychiatry Hospital



The floor plan for the Main Hospital, Building 100, with service specialties noted, is located in the back of this booklet. Many of the outpatient clinics are located on the first and second floor of the Ambulatory Care annex at the east of end of the main hospital in Building 100-A

The Psychiatry Hospital, Building 106, is located behind the main hospital. It is connected to the main hospital via a corridor adjacent to the Food Court (Canteen). Outpatient psychiatric services are located on the first floor. Acute Psychiatry (106 East) is located in on the second floor.

The Nursing Home Care Unit (NHCU) is located on the third floor of the main hospital. Three East and 3 South are long-term care units. Three West is an intermediate care unit

Because some of our veterans are not easily able to come to the hospital for appointments we offer Home Based Primary Care and care for up to 60 patients with nurses and a Nurse Practitioner who make home visits to provide as much of their care as possible in the home setting.

We offer telephone triage 24 hours a day for our patients via a toll free telephone number. Specially trained registered nurses assist in directing after hours care.



## WHO IS A VETERAN?

A Veteran is defined as one who has served in any branch of the armed forces for at least 180 days and who has received an honorable discharge. We provide care to both Service and Non-service Connected Veterans. A Service Connected Veteran is one who contracted a disease or disability while on active duty, whereas a Non-service Connected Veteran is one whose disease or disability was not contracted on active duty. We provide the same nursing care to all Veterans, regardless of their status. Most of the patient's VA ID cards have the Veteran's picture on them.

When a Veteran first applies for medical care, he/she meets with an eligibility counselor to discuss his/her benefits. For additional information, Veterans may be referred to the Veterans Affairs office located on the first floor across from the gift shop.

Our Veterans range in age from 20 - 100+, with a median age of 56. Although the majority of Veterans are male, there are increasing numbers of female Veterans. In 1994, the female population constituted 4.5% of all Veterans. Many VA hospitals have developed Women Veterans Health Programs to meet the special needs of this population. War-time Veterans include those who have served in the following: World War I, World War II, Korean Conflict, Vietnam Era, and Persian Gulf War. For male veterans 20 years and older, 14% completed less than 4 years of high school, 37% completed high school, and 28% completed 1-3 years of college. Many of our veterans suffer from multiple chronic illnesses, such as diabetes, chronic obstructive pulmonary disease and peripheral vascular disease. While they may present a major challenge to us in terms of health care, their unique personalities provide a lot of personal satisfaction to those who provide care to them.





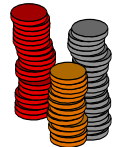
## Student Health Requirements

Prior to performing clinical experience, evidence of a TB screening test (PPD), CPR certification and satisfactory physical examination are required. Your school is responsible for providing documentation of the results and for sending this documentation to Nursing Education. (Graduate students are responsible for providing this information as well as a copy of their clinical objectives, nursing license, CPR certification, and an application to Human Resources, individually.)

First aid and emergency care are provided to nursing students who become ill or who are injured on duty. In case of injury, regardless of how minor, notify your instructor and head nurse, then complete computer Form CA-1. Sign in to DHCP and type in OOPS and fill out the form as prompted. Please complete within 8 hours of incident. The head nurse or charge nurse can help you with this form. (Graduate students should notify their preceptor and complete the CA-1.) Any one receiving a skin puncture from contact with a patient or instrument or needle used on a patient should report to the Employee Health Nurse immediately.

(If she is not available report to Urgent care.) You will be given a choice to start on drugs that can prevent sero-conversion to HIV(+) pending the return of a rapid HIV test on the patient. These drugs must be started within 1 hour of exposure and can be stopped when notified that the patient is HIV(-). If you are pregnant, you need to discuss the risks of these drugs on the fetus before taking them.

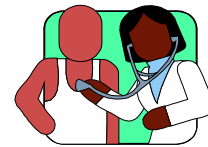
Students are asked not to report to clinical if they are ill. Our patients do not need to be unnecessarily exposed to viruses and infections as their resistance is often compromised.



## Professional Conduct

Professional conduct by the health care team is important in maintaining therapeutic relationships with patients. Interactions should be centered on providing care that will lead to positive outcomes. Acceptance of money, gifts, loans, or favors from a patient or family member is against VA policy. Acceptance may result in a conflict of interest that may affect performance of duties, and may be perceived as trying to influence your actions as an agent for the Federal Government. The nursing staff is not to assume personal responsibility for patient's funds, personal effects, or valuables. Problems and difficult situations should be reported to the head nurse or charge nurse and clinical instructor.

## Dress Code



Policies concerning uniforms for Nursing Service personnel are described in Nursing Service Policy No. 11. Students are expected to adhere to their school of nursing's uniform requirements. VA ID badges must be worn while in the hospital. No faded jeans, shorts, beach clothes, party clothes, or halters are to be worn while in the hospital. All students are expected to wear appropriate, school-approved lab coats with identification if researching their patients' records. If assigned to psychiatric units, appropriate street clothes with identification are permissible. This does not include faded jeans, shorts, t-shirts, sweatshirts, beach clothes, party clothes, halter-tops or clothing exposing bare midriffs. Students are encouraged to bring minimal personal belongings due to limited space for storage.

## Mobile Phones

Since mobile phones could interfere with electronic equipment, no mobile phone use is allowed in the main hospital or in other patient care areas. Please turn off all cell phones prior to entering the hospital.

## Meals:



Meals, snacks, burgers and pizza may be purchased in the food court from 7:15 am to 1:30 pm Monday through Friday. Burger King is open until 2 PM. (Pizza is available until 4 p.m.) Hot and cold snacks, as well as soft drinks, are available twenty-four hours per day from vending machines located adjacent to the food court and retail store. The vending area has a microwave oven for your convenience, and refrigerators are available for sack lunches on every nursing unit.

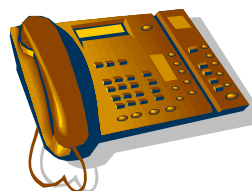


## Smoking Regulations

Smoking by employees, volunteers, visitors, and patients, as well as guests, is prohibited inside the hospital. Signs will be posted specifying designated smoking areas. Smoking is prohibited directly at the entrances to health care buildings.

Designated smoking areas for employees and students are as follows:

- (1) Building 100: Smoking shelter on grassy area across from the Emergency entrance and the exterior smoking shelter near that entrance. You may also smoke in Patriots Park out side of the main hospital canteen area between building 100 and 22.
- (2) The gazebo in Freedom Park to the left of the main hospital in the enclosed area adjacent to the old Nursing Home Care Unit.
- (3) Psychiatry Building - The covered area on the west side.



## Telephones

Use of official telephones should be restricted to official business except in case of emergency. All personal calls should be placed at public pay telephones available on each unit. Students should discourage relatives, friends, and associates from calling about non-emergency matters. If an emergency occurs, please have family/friends notify your school and the school will notify your instructor.

The telephone number is 776-4000. For improved and faster service, it is important for you to know the extension that you wish to call. The station telephone book is readily available. The Nursing Office extension is 6778.



## Hospital Page System



For 3 digit pagers:

1. Dial "30." The system responds with the recorded direction, "Please enter user number."
2. Enter the pager number at this time.
3. For digital pagers, the next prompt is, "Please enter message followed by the pound sign." Enter the telephone extension number at this time and press #.

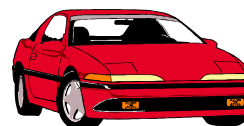
For voice pagers, the next prompt is, "Please wait before speaking." You will hear beeps and be prompted by "Speak your message now." State the message giving the number to call and then you may hang up.

4. A beep and the recorded voice will inform you that your page has been accepted.

For 7 digit pagers:

1. Dial 9 for an outside line and follow voice prompts.
2. Enter the extension number to be called back.

## Parking



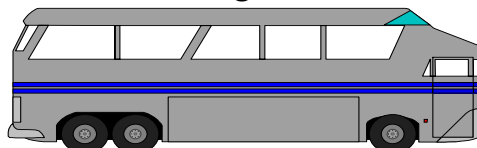
Students and instructors are permitted to park in the rear gravel parking lot designated for blue parking decals only or in lots 12 and 13. Temporary parking permits must be obtained from the Policy and Security Section located at the emergency entrance. It is necessary to know your license tag number in order to obtain a permit. Parking areas are noted on the map.

## Religious Services



The Chapel is located on the first floor. Non-denominational services are held each weekend. Patients may also view a delayed broadcast of religious services on the in-house television channel 13.

## Public Transportation



A public bus services the hospital. Specific schedule information is available at the Information Desk in the main lobby.

## Retail Store



A small retail store is located on the first floor. Hours of operation are 7:30 a.m. - 4:00 p.m., Monday through Friday. The retail store is open to the public. Cash, checks, or Visa cards are accepted for purchase. No sales tax is charged on items purchased there.



## Library

The library is located on the first floor. Nursing students may use the library and library computers. (The Library reserves the right to withdraw check out privileges from individuals and programs, if necessary.) Students will observe library rules of noise control, no food and drink, etc., and will adhere to due dates of checked out materials. The librarian will guide students to texts and journals, catalogs, etc., but cannot do extended reference work for them. The copier in the library is for use in copying library materials only.

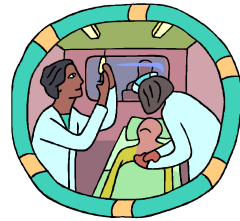
## Emergency Information

In case of **CARDIAC ARREST**: Dial 6555

Tell Operator "Code 5"

State location and room number. Operator pages code team.

In case of a pediatric code, please state, "Pediatric Code" so the operator can alert the code team to bring the pediatric ambu bags.



In case of **DISTURBED/VIOLENT BEHAVIOR**: Dial 6555

Tell Operator "Code 10"

State location and room number. Operator announces "Code 10" and notifies VA police and special team to take control of the situation.



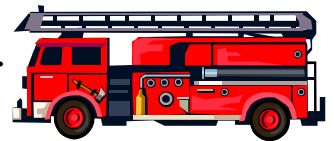
In case of **LOST PATIENT**: is a Code ADAM.

In case of **FIRE**: Dial 6555 and activate the pull box located at each exit.

State location

Operator announces "Code Red" on the intercom

Information about the location of fires and/or fire drills is communicated via a series of bells and flashing strobe lights. Additional information as well as evacuation routes can be found on the Fire Alarm Information Chart on every unit. Impromptu unit fire drills are held at intervals. You are expected to know what to do in case of a fire or fire drill. You must know what phone number to call, where the nearest fire pull box is located and the RACE procedure. If you are closest to a phone you should dial 6555 first, then activate the pull box. If you are closest to a fire pull box you should pull it then go to the telephone and dial 6555. Fire pull boxes in all public buildings are at or near an exit.



**Emergency Codes** are announced over the public address system preceded by an alternating tone alert siren. The type of code and the location (where applicable) will be broadcast.

**Code Grey** is a weather emergency and indicates severe weather such as a "Tornado Warning" is in effect for our immediate city location. Staff members are responsible for protecting patients by moving them away from glass windows into internal hallways. In areas where patients cannot be moved, the patient should be covered with linens or blankets and window blinds closed. An overhead "All Clear" will be announced when the threat has passed.

**Disaster Code:** **Code D Internal** is for a disaster on VA grounds and **Code D External** for one occurring outside the facility from which we may receive casualties.

## Emergency Acronyms



### **RACE**: For Fire Emergencies

**R** = Rescue those in immediate danger

**A** = Activate the alarm

**C** = Contain the fire by closing the doors, windows, and turning off any Oxygen gauges

**E** = Extinguish the fire if possible or Evacuate the area



### **PASS**: For Use of Fire Extinguishers

**P** = Pull Pin

**A** = Aim nozzle

**S** = Squeeze handle

**S** = Sweep or sway spray back and forth at base of the fire



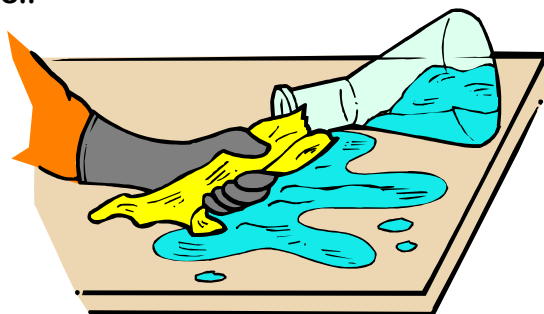
### **SWIM**: For Chemical Spills or Exposures

**S** = Stop the spill if you can do so without injury to self

**W** = Warn others

**I** = Isolate the area

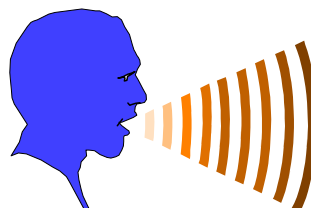
**M** = Minimize your own exposure





## Untoward Events

All nursing staff, faculty, and students are responsible for reporting and documenting medication and treatment errors and/or other patient or visitor incidents such as falls or abuse of patients. Reporting is anonymous to encourage recording of events without fear of reprisal. Notification is made by dialing extension 7964. Please include the following information: Patient's full name and last 4 # of SSN; summary of what happened; patient's diagnosis; location of incident; time and date of incident; for med errors, drug name and type of error. Describe the outcome--No injury, minor, major, or death; list steps taken or treatment required. If the incident was preventable--if yes how? If not, state why not. Note which MD was notified and what action was taken. In addition, it is necessary to document the error or incident in the patient's electronic record in a progress note. All incidents should be reported to the clinical instructor and the nurse manager immediately.



## Reporting to Team Leader/Charge Nurse

Abnormal findings and/or changes in patients' condition are reported to the Team Leader and your instructor immediately. Students must report off to the Team Leader at the end of the day.





## VA POLICIES OF CONCERN

Each nursing student prior to performing a clinical rotation at our VA should review the following policies/procedures. These can be found in the Nursing Service Policy and Procedure Manuals available on all units. In addition, head nurses, clinical nurse specialists and instructors will be happy to answer any questions you have concerning the clinical implementation of any of our policies/procedures.

1. **Patient Rights** - Veteran patients have earned some or all hospital and medical coverage by virtue of their service in the Armed Forces in this country. The goal of the health care team who deliver care to the veteran patient is to be competent, courteous, concerned, compassionate, and respectful of patient's rights. It is important for all nursing students to become familiar with patient rights that are posted on each nursing unit. All students are advised to comply with policies regarding confidentiality and release of patient information.
2. **Confidentiality of Information** - It is the responsibility of all students affiliated with the Department of Veterans Affairs to comply with hospital policies regarding confidentiality and release of information, which states that all information contained in medical records is confidential (Hospital Memorandum No. 00-10). No printed reports or clinical notes will be taken from the facility that has the patient's name or social security number printed on it. HIPPA regulations permit patients to "opt out" of being in the hospital's patient directory. By electing this option patients will not receive any phone calls, mail, or have any visitors directed to their room. Students are asked not to direct visitors to patient's room but to direct them to the nursing station for information. If it is known that a patient has "opted out" then all inquiries about this patient are answered, "There is no information that I may give you as to whether this person is a patient here or not." Failure to comply may result in personal fines of \$5000 up to \$50,000.
3. **Abuse of Patients** - A fundamental policy of our medical center is that no patient is to be mistreated or abused in any way. Nursing students are responsible for protecting patients from physical or verbal abuse. Students are required to report any incidents of suspected or actual patient abuse immediately to their instructor. The instructor must report this to the nurse manager immediately.
4. **Documentation** - Documentation in the patient's electronic medical record should reflect the patient's progress and the effectiveness of nursing implementations as related to specific nursing care plan problems/diagnoses. Each computerized entry should have an electronic signature before the record is closed. All paper notes should be dated, timed, and signed in black ink using appropriate credential initials, i.e. Mary E. Smith, S.N. Flow sheets are used to record vital signs, ADLs, intake and output and IV therapy. Undergraduate student documentation should be approved and co-signed by the instructor. The process of recording responses to patient care is located in Procedure Manual II.



5. **Medication Administration** - General nursing units utilize the Bar Code Medication Administration system (BCMA). Ward personnel will provide instruction/assistance concerning this documentation, if requested. Refer to guidelines concerning the documentation of medications. (Nursing Service Procedures Volume II A-5, A-6, A-7 and A-9) Instructors must co-sign all medication records.

6. **Emergency Preparedness Plan** - Refer to Hospital Memorandum 001-24 and Nursing Service Policy No. 38. These policies explain nursing responsibilities and procedures for patient evacuation during disasters and fires.

7. **Universal Precautions**- Universal infection precautions (Standard Precautions) are practiced. It means we treat every patient as if they have a blood borne infection. Its purpose is to place a barrier (gloves, gown, mask, goggles) between potentially infectious body substances and the health care worker. All humans have potentially infectious agents in body secretions and excretions. Precautions to prevent transmission of these potentially infectious agents should be practiced for all patients, not just those who have a diagnosed infectious disease.

A consistent approach to managing body substances from all patients is essential to prevent transmission of infectious agents. The following strategy is recommended for use with all patients at all times to prevent transmission of hospital infections:

1. Wash hands often and well, for at least 15 seconds. Utilize the germicidal hand gel or foam frequently. It has been proven more effective in killing germs than hand washing alone.
2. Glove for likely contact with blood and other body substances, mucous membranes, and nonintact skin. Change gloves in between each patient. Do not wear gloves for activities that do not require their use. Change gloves if they should begin to feel sticky
3. Protect clothing by wearing a gown when soiling with body substances is likely.
4. Protect eyes with goggles and mucous membranes mask when splashing or respiratory droplets are likely.
5. Discard needles and other sharps in puncture-resistant containers near point of use.
6. Do not recap needles.
7. Bag trash and soiled linen as described.
8. Wearing of artificial nails is prohibited.







## Handling of Articles from Patients' Rooms

**Laboratory Specimens** - Lab specimens from all patients are handled with equal care. The outside of specimen containers should be clean. Specimens should be placed in clear biohazard Ziploc bags. Sputum Collection Kits are used to collect sputum specimens. After specimens are taken to the laboratory, transporting personnel wash their hands and use the hand gel. Always check to see if lids of specimen containers are tightly closed prior to placing them in the specimen biohazard bag.

**Reusable articles and instruments** - Reusable soiled articles are placed in clear plastic bags and placed in the soiled nurse server or dirty utility bin for IMS pickup. All instruments and/or sharps of any nature should be handled carefully to prevent injury.

**Syringes, needles and disposable sharps** - All syringes, needles and other sharp objects are placed in a heavy plastic needle container. Before disposal used needles should not be broken off or manually recapped unless a safety capping device is attached to the needle.



**Linen** - Linen soiled with body fluid is handled as little as possible. All soiled linen is bagged at the location it is used. Prevent leakage of heavily soiled or wet linens by surrounding them with dry linen for absorbency. Double bag laundry if necessary to prevent leakage.

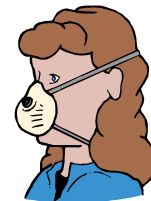
**Trash** - Grossly contaminated disposable materials soiled with body substances are placed in a red plastic bag and secured to prevent leakage. Contaminated trash is placed in a red trashcan.



## Isolation Procedure

While standard precautions are used with all patients regardless of the infectious status, patients with identified or suspicious symptoms are identified by Category Specific isolation. Isolation procedures fall into one of the following categories:

- a. Airborne Precautions/ Pink Isolation Card
- b. Contact Precautions/ Green Isolation Card
- c. Droplet Precautions / Orange Isolation Card



Printed cards with essential information are posted outside the room for the above categories. Hand washing is mandatory immediately before entering and leaving the isolation room. Detailed information about procedures required for each category of isolation is found in the CDC Manual, "Guidelines for Isolation Precautions in Hospitals," available on each nursing unit.

**Known or Suspected TB - HEPA-Filtered Respirators** are used with known or suspected TB cases. A fit test is required. No students are to enter rooms that where airborne isolation precautions signs are posted.

**Small individual electronic thermometers** are provided for use in isolation rooms. Gemini or IVAC multi-patient use ward thermometers are not taken into isolation rooms.



**Dietary/Meal trays** - Dietary personnel will deliver nourishment/meals served in disposable containers for certain precautions/isolation. After each meal, liquids are poured into toilet and containers discarded in the trash. All other trays or nourishments are delivered to and picked up at the bedside by dietetic personnel.

**Drinking water** - Water pitchers are refilled as necessary. Ice is transported in a clean plastic bag from ice machine.

**Rooms with a shared bathroom** are secured from the isolated side. An "isolation" note is placed on the door and the non-isolated patient must use other facilities.

The vestibule or entry area to the room is considered a clean area and the patient is instructed to use the bathroom sink rather than the sink in the vestibule.

**Transport to other departments** - Patients on isolation may go to other hospital departments only on doctor's written order. Physician's written order to allow patient out of room is based upon individual patient's need for therapy or diagnostic tests which cannot be performed in the room. The involved department is notified of the type of isolation to be followed.

**Concurrent cleaning** - Nursing staff are responsible for cleaning the top surface of the bedside table and stand with germicide solution (Virex or Envy) daily and PRN.

**Discharge cleaning** - Facilities Management is responsible for terminal cleaning of the room.

**Patient Teaching** - All patients should be taught that potentially infectious agents are present in their body substances and that they may be susceptible to infections from others. Hand washing and good personal hygiene should be emphasized for their protection and the protection of others. Isolation patients are taught regarding the necessity of isolation and the restrictions placed upon them. Patient and family teaching is of the utmost importance in preventing transmission of disease. Document in the patient's electronic record all teaching of patients and family and their response to the education.



## Unacceptable Abbreviations

Abbreviation/Dose Expression	Intended Meaning	Misinterpretation	Preferred Term
U	Unit	Mistaken as zero, four, or cc	Write “unit”
IU	International unit	Mistaken as IV (intravenous) or 10 (ten).	Write “international unit”
Q.D. or q.d.	once daily	Mistaken for Q.O.D. or q.o.d. The period after the “Q” or “q” can be mistaken for an “l” or “i”	Write “daily”
Q.O.D. or q.o.d.	every other day	Mistaken for Q.D. or q.d. The period after the “O” or “o” can be mistaken for an “l” or “i”	Write “every other day”
μg	Microgram	Mistaken for “mg” (milligrams) resulting in one thousand-fold dosing overdose	Write “mcg” or “microgram”
T.I.W. or t.i.w.	three times a week	Mistaken for “three times a day” or “twice weekly” resulting in an overdose	Write “3” times weekly or “three times weekly”
Per os	Orally	The “os” can be mistaken for “left eye”	Write “PO” “by mouth” or “orally”
Qn	nightly or at bedtime	Mistaken as “qh” (every hour)	Write “nightly” or “at bedtime”
X.0 mg trailing zero after decimal point (i.e. 1.0 mg)	1 mg	Decimal point is missed. Misread as 10 mg.	Never write a zero by itself after a decimal point (X mg)
X mg lack of leading zero (i.e. .5 mg)	0.5 mg	Decimal point is missed. Misread as 5 mg.	Always use a zero before a decimal point (0.X mg)
CPZ	Compazine (prochlorperazine)	Mistaken for “chlorpromazine”	Write “Compazine” or “chlorpromazine”

## Unacceptable Abbreviations (continued)

Abbreviation/Dose Expression	Intended Meaning	Misinterpretation	Preferred Term
MS MSO4 MgSO4	morphine sulfate or magnesium sulfate	Confused for one another. Can mean “morphine sulfate” or “magnesium sulfate”	Write “morphine sulfate” or “magnesium sulfate”
Norflox	norfloxacin	Mistaken for “Norflex”	Write generic name “norfloxacin”

Abbreviation/Dose Expression	Intended Meaning	Misinterpretation	Preferred Term
Apothecary Symbols	Dram Minim	Misunderstood or misread (symbol for dram misread for “3” and minim misread as “mL”)	Metric system Preferred.

## 2005 Hospitals' JCAHO National Patient Safety Goals

New goals are listed in bold

Goal: Improve the accuracy of patient identification.

- Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and **other specimens for clinical testing, or providing any other treatments or procedures.**

Goal: Improve the effectiveness of communication among caregivers.

- For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result “read-back” the complete order or test result.
- Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- **Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.**

**Goal: Improve the safety of using medications.**

- Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.
- Standardize and limit the number of drug concentrations available in the organization.
- **Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.**

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**Goal: Improve the safety of using infusion pumps.**

- Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.

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**Goal: Reduce the risk of health care-associated infections.**

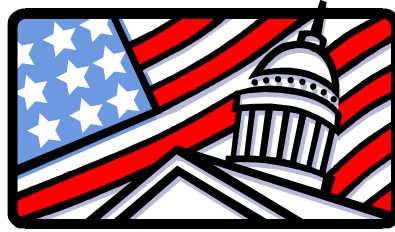
- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

**Goal: Accurately and completely reconcile medications across the continuum of care.**

- **During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.**
- **A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.**

**Goal: Reduce the risk of patient harm resulting from falls.**

- **Assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks.**



8. **Ethics**: Students affiliated with Veterans Administration facilities are expected to adhere to the same standards of ethical conduct as employees. Executive Order 12731 of October 1990 states that:

A Government employee must place loyalty to the public trust above anyone's private gain

This is interpreted to mean that you cannot use your association with the VA for personal gain or the private gain of anyone. Concerns regarding ethical behavior may be addressed to your clinical instructor and the head nurse.

9. **Computer Security**: It is a Federal Offense to misuse the VA computer system. It is to be used for official business only. This includes electronic E-mails and personal use of the Internet for non-VA related matters.

### **Information Security Do's and Don'ts:**

#### **DO...**

- Log off before you leave any computer
- Use VA resources for official purposes
- Protect sensitive information
- Respect privacy
- Back- up your data
- Become alert to potential abuses and fraud
- Report suspicious activity immediately



#### **Do Not...**

- Share your access codes and passwords
- Use someone else's access codes and passwords
- Use unapproved software
- Eat or Drink around computer equipment
- Abuse government resources
- Attempt to bypass logon procedures

**Secure computers and protected data are indispensable to the delivery of quality information and the functioning of our facilities.**



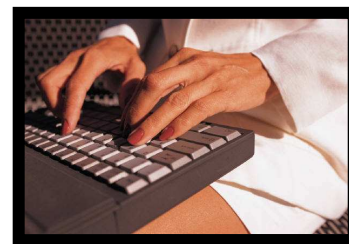


## **WHAT YOU NEED TO KNOW ABOUT ELECTRONIC MAIL AND CORRESPONDENCE**

The term electronic mail or “E-mail” applies to correspondence, file transfers, document transfers and other information exchange using a wide variety of computerized messaging and communications systems and software. These include Veterans Information System Technology Architecture (VISTA) / Decentralized Hospital Computer Program (DHCP), MS Exchange / Outlook, and Forum communications on the Internet and VA Intranet.

Government-provided electronic mail and messaging resources are intended for official and authorized purposes only. All electronic mail users must exercise proper judgment to ensure systems are used appropriately.

VA employees do not have a right, nor should they have an expectation, of privacy while using any government office equipment at any time, including accessing the World Wide Web or using E-mail. By using government office equipment, VA employees imply their consent to disclosing the contents of any files or information maintained or passed through government office equipment, and to management monitoring and recording with or without cause by authorized officials, VA managers, supervisors, or systems administrators. Any use of government communications resources is made with the understanding that such use is generally not secure, is not private, and is not anonymous. To the extent that employees wish that their private activities remain private, they should avoid using any government office equipment, including their computer, the World Wide Web, and E-mail.



System managers do employ monitoring tools to detect improper use. Electronic communications may be disclosed within the department to employees who have a need to know in the performance of their duties. VA management officials may access any electronic communications.



All electronic mail users are responsible for following facility security policies related to access and use of government systems and data. Users are cautioned that what they say or do while on external electronic mail and other networks, including those systems maintained by affiliated medical schools, may be interpreted as VA, VHA or this facility's opinion or policy. Users should be aware that their conduct can reflect upon the reputation of this facility and staff. Access to electronic mail systems is a privilege, not a right, which may be revoked at any time for inappropriate conduct. Misuse of government electronic mail systems

may also result in official disciplinary action. Electronic mail users are also expected to abide by basic Code of Ethical Behavior And Guidance as outlined below.

## CODE OF ETHICAL BEHAVIOR AND GUIDANCE FOR ELECTRONIC MAIL USERS

- **You, as a VA employee, represent VA at all times:** Be aware that what you say or do while on external electronic mail and other networks may be interpreted as VA, VHA or this facility's opinion or policy. Be aware of your conduct and how your message may be perceived by others and that your conduct may reflect upon the reputation of this facility and staff. Always remember to be professional and discreet.
- **Electronic mail messages are considered official VA correspondence:** Use proper grammar and punctuation when sending an electronic mail message. Upper case letters are considered "shouting," and therefore may be interpreted as being rude.
- **Identify a subject for each message:** Use appropriate descriptive subject titles for your electronic mail messages, so your recipients will not have to guess why they are receiving a message from you.
- **Sign your messages:** Make sure your electronic messages are completed with your name and electronic mail address.
- **Group mail:** Think of the outcome before you send electronic mail messages to more than one person. Ask yourself, "Do the additional people really want or need to have this information? Will everyone understand the context of this electronic message?" If you cannot answer "yes," you probably should not include them in the message.
  - Be careful when you reply to an electronic group mail message. If you intend to respond to the PERSON who wrote the original message in Outlook, use the "Reply" option and not the "Reply To All" option or send a reply on a new message using a PERSONAL address. In DHCP/VISTA, you need to send a separate new message back to the person sending the original message.
- **Use telephone versus electronic mail when appropriate:** Use the telephone and call the party to discuss issues that should not be documented in an electronic mail message. The content could be forwarded to someone you did not want to receive the information or should not be involved in the issue. Once you send the message, you have no control over where it ends up!
- **Forwarding someone else's electronic mail message:** Did the original author intend for you to forward the content of their message to someone else or was the message confidential? Ask the author if you may share the message before you pass on to someone else. Messages are easily misunderstood or taken out of context, so make sure the person to whom you are forwarding the message understands why and for what purpose you are sending it.
- **Personal information:** Remember, when you use electronic mail on VA equipment, your information is not private and may be reviewed at any time. Be careful what you say in the text of your electronic mail message and especially what you say about others. Once you release your message to another person you no longer have control. If you are quoted out of context, someone may be offended or become angry by what was interpreted from your message. Also, your message could be printed and passed on to the person you are discussing. Never put in writing what may be used against you!
- **Sending confidential patient information via electronic mail:** Currently, it is not permissible to send confidential patient information via electronic mail. The development of encryption technology is proceeding within the VA system and until software policy and procedure is in place this will be prohibited.
- **Misuse or inappropriate use of government office equipment:** Employees are expected to conduct themselves professionally in the workplace and are required under the Standards of Conduct to refrain from using government office equipment for activities that are inappropriate:
  - Any personal use that could cause congestion, delay, or distribution of service, such as continuous data streams, video, sound, or other large file attachments that can degrade the performance of the network.
  - The creation, copying, transmission, or retransmission of chain letters or other unauthorized mass mailings regardless of the subject matter.
  - Use for activities that are illegal, inappropriate, or offensive to fellow employees or the public, including: hate speech or material that ridicules others on the basis of race, creed, religion, color, sex disability, national origin, or sexual orientation.
  - The creation, downloading, viewing, storage, copying, or transmission of sexually explicit or sexually oriented materials.
  - The creation, downloading, viewing, storage, copying, or transmission of materials related to gambling, illegal weapons, terrorist activities, and any illegal activities, or activities otherwise prohibited.
  - Use for commercial purposes or in support of "for profit" activities or in support of other outside employment or business activity (consulting for pay, sales or administration of business transactions, sale of goods or services).
  - Posting agency information to external news, groups, bulletin boards, or other public forums without authority.

REFERENCES: VHA Directive 6210, "Automated Information System Security," and VA Directive 6001, "Limited Personal Use of Government Office Equipment Including Information Technology."



## **Reminders...**

- Keep your passwords secret. Treat them with the same amount of caution that you use with your ATM card personal identification number. Do not reveal them to anyone or write them where others can find them.
- Eat and drink only in designated areas away from computers to avoid damage to equipment.
- Protect reports and printouts from viewing by persons who do not have legitimate need to see them.
- Log-off computer terminals or lock workstations before you walk away.
- Remember that you are responsible for the accuracy of the data you input while using the computer.
- Keep information you have learned about veterans or employees confidential.
- Use only software purchased and used in accordance with the legal requirements of its manufacturers.
- Only use software that is officially issued to you.
- Lock and secure rooms containing computer equipment when nobody is there to protect it. Lock up data disks when they are not in use.
- Do not store sensitive data on the hard disk of your unprotected microcomputer.
- Make frequent copies (backups) of you data and store them securely away from your work area to reduce the risk of loss or modification.
- Protect your computer from viruses - scan all foreign disks or files.
- Know whom to call with computer security questions or concerns.

Your Information Security Officer is Donna Mills at ext. 6383 or pager 769.  
For help with computer problems, call the HELP desk at ext. 4357.

Please contact Education Service Line at extension 7934 if you have any questions, or you may call one of the nursing educators. Mary Willis-Clarkson can be reached at extension 7326 or beeper 758. Karen Scott's extension is 6613, and her beeper is 755.

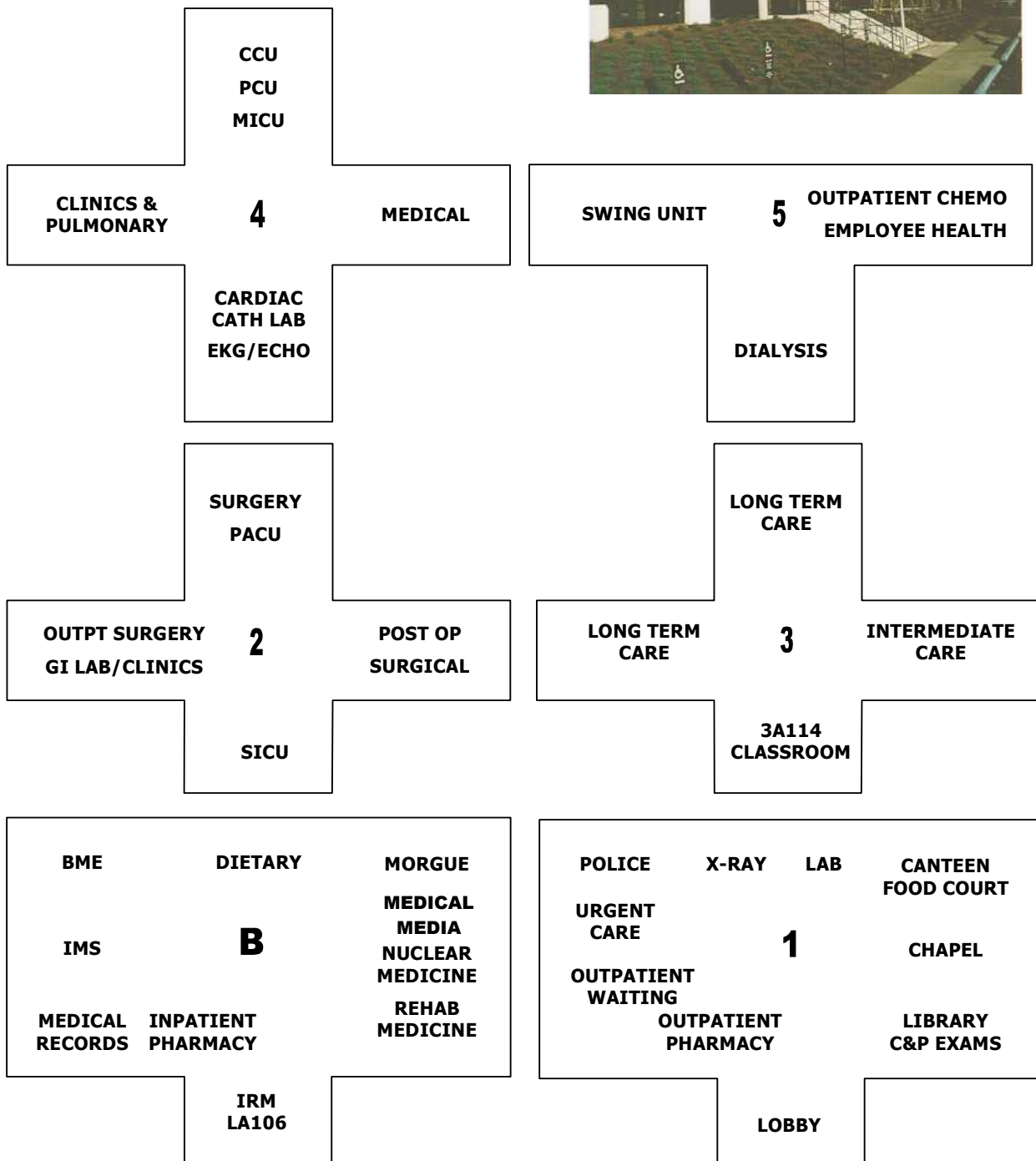


**Mary Willis-Clarkson**



**Karen L. Scott**

# FLOOR PLAN BUILDING 100



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_

## NURSING STUDENT ORIENTATION

### Post-Test

(True of False)

1. Prior to beginning clinical at the VA, you are responsible for providing all necessary documentation to Nursing Education. True False
2. All on-the-job injuries during your clinical must be reported immediately to the \_\_\_\_\_. A Report of Injury form must be completed within 8 hours of the injury.
3. The emergency number for reporting fires, cardiopulmonary arrests, and other emergencies is \_\_\_\_\_. The type of emergency and its location is reported to the operator.

(True or False)

4. Nursing students may not wear artificial nails to clinical due to the infection control risk they present. True False

(True or False)

5. Nursing students should discourage personal telephone calls while at clinical. True False

6. Temporary parking permits for student nurses are issued by the \_\_\_\_\_ for parking in the rear gravel lot behind the hospital

(True or False)

7. Confidentiality is a patient's right, and there are personal fines up to \$50,000 for not complying with the HIPPA regulations True False

(True or False)

8. Universal (standard) precautions are followed for all patients, not just those with a known infectious disease. True False

(True or False)

9. TB isolation requires personnel to wear a properly fitted HEPA respirator mask and students must not enter those rooms. True False

(True or False)

10. Students must not take any papers or other information away from the units or hospital that has the patient's name and/or social security number visibly displayed. True False

11. List the meanings for the "RACE" acronym. R \_\_\_\_\_, A \_\_\_\_\_  
C \_\_\_\_\_, E \_\_\_\_\_

12. List the meanings for the PASS acronym. P \_\_\_\_\_, A \_\_\_\_\_,  
S \_\_\_\_\_, S \_\_\_\_\_